FOR INSTRUCTIONS.	SEEDACK	05 5004
FUR INSTRUCTIONS.	SEE BACK	OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form FORM

DISCLOSURE SUMMARY PAG	E		DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization	on)		(Rev. 12/2005)	REPORT
IMPORTANTO Indicate by type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) (4) County Central Committee (5) County Candidate (6) City Candid Political Subdivision Candidate (8) County PAC (9) City PAC (10) Subdivision PAC (11) Local Ballot Issue CANDIDATE COMMITTEES ONLY:	S)State PAC (3)State Party late (7)School Board or Other School Board or Other Political		Computer	1526
Candidate Name Bell Wessel-Kroeschell Office Sought Representative-IA. House Late reports are subject to possible civil and criminal penalties. Pursu the candidate, for a candidate's committee, and the chairperson, for a individual responsible for filing timely and accurate reports.	ant to lowa Code section 68B.3 ny other type of committee, is t	he	File with: lowa Ethics and Disclosure Board 510 E. 12 th , Ste. Des Moines, low Fax: 515-281-37	1A a 50319 01
SIGNATURE OF PERSON FILING REPORT	3 <u>15-292-3</u> TELEPHONE	018	DATE SK	14,2010
			//BAIL SK	
I AM FILING A	REPORT FOR (1) ELECTION /(2)NON-ELE	ECTION YEAR	
(report date)	Indicate by			~ 2
CHECK IF AMENDMENT TO REPORT DATED			nmittees, enter Da	2 : :
Check if this is final (termination) report and attach Notice of Dissolution (You must continue to file reports until a DR-3 is filed.)	ution Form DR-3.	County & which Ele	Local Committees	- R
CTATEMENT.	05.04.011.011.141.15		·	るる。
CASH ON HAND at the beginning of the reporting period. (Total of all to committee. This amount MUST be the same as the cash on of the last reporting period or must be zero if this is first reporting	hand at the end	\$	98	र्क हैं। 7. 59
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		982	6.00
Schedule F: Loans Received total (Attach Schedule F)			2	
Schedule H: Total Sales of Campaign Property (Attach Sche	dule H)		0	
(Schedule H applies to Candidates' Committe	es Only)			
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	SUB-TOTAL	\$	1081	3.59
Schedule B: Expenditures total (Attach Schedule B) (**also	see debts and loans below)	•••••	287	1.09
Schedule F: Loan Repayments total (Attach Schedule F)			2	
CASH ON HAND at the end of this reporting period (if final report balar be zero) (Attach DR-3)	nce must	\$	794	2.50
**UNPAID BILLS (From Schedule D - Attach Schedule D)			P	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)			25	_
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)			0	
CONSULTANT BREAKDOWN (Schedule G Attached?)			YESN	2
AMDIDATE COMMERCE CANAL				
CANDIDATE COMMITTEES ONLY:				
CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedu	ule H)	 \$		

CONTRIBUTIONS -- MONEY TAKEN IN

CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	((Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Orliner for Wend - Kroeschell		_	CK THIS BOX IF NDING FORM

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Reset Form

SCHEDULE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	I √ IF FOR
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK		TO CANDIDATE*	RECEIVED	FUND-
(VIIIIO D D I I I I I	NUMBER		(if applicable)		RAISER
	ID#	HERMAN Quirmback			ii vooilii E
2-25-09	CK#	1002 JARRETT CINCLE		\$	1 .
2001		Ames, IA 50014		200	
	ID#	Lowell GREIMANN			
2-25-09	CK#	1518 13th ST,		1	
1	ID#	Ames, IA 50010		150	
	10#	IRENE BEAUCRS			
3-1-09	CK#	2200 HAMILTON DR. , Apt 208			
. 01	ID#	Ames IA 50014	······································	50	
_		FAITH Finnemore			
3-1-09	CK#	2107 Nonth crest DR		100	
	ID#	Hmes IA 50010		100	
"	CK#	HANNAL R. GRASWALL 2003 Ashmore Dr.			
	Ortan	Ames IA 500/4		25	
ú	ID#	KATHRYN E. ESCHBACK			
	CK#	727 Ridgewood		7-	V
	ID#	Ames IA 50010		75	
. 17	ID#	DORIS M. Foell			
	CK#	1006 ARIZONA AVE		25	
11	ID#	Ames IA 50014			
,,	15#	John L. Timmons			1
	CK#	Ames IA 50014		50	
ři	ID#	Ames LA 30014			
	CK4	George Seifert		_	1/
	CK#	2421 HAMILTON DR.		25	
ic	ID#	Ames IA 50014 SUSAN RAVERSCROFT		· -	
	CK#	455 Westwood DR			
		Ames IA 50014		200	L
			SUB-TOTAL	9-0	
		TOTAL (if last page of	f this schodules	\$ 950	
		TOTAL (II last page o	n uns scheaule)		

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(for Schedule A)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE

A
(Rev. 07/03)

CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (N	lust be same as on St	atement of Organia	ation)
litizens	tor Wenel	- Knew	holl

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RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK		TO CANDIDATE*	RECEIVED	FUND-
(NUMBER	·	(if applicable)		RAISER
	ID#	MORRIS E, Mericle			,
3-2-09	CK#	111 LUNN Ave., UNIT 906		\$ 10	
	15.4	Ames IA 50014 Audrey Lynn FANCET		, 0	
17	ID#	Hudrey Lynn FAWCETT			
	CK#	2020 Pinehurst DR.		2,5	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	ID#	Ames IA 50010			
	10.	Edward A. CARbacy			V
3-4-69	CK#	3313 MORNINGSILE ST.		25	
	ID#	Ames IA 50014	<u> </u>		
4	OV#	Leslie OSAM PENSACK			1/
	CK#	317 S. WILMOTH Ave. Ames IA 50014		75	
le	ID#	MARGARET BURGMEYER			
	CK#	4206 STONE BROOKE Rd.		1	1
		Ames IA 50010		25	
Ü	ID#	Dilys MORRIS			
·	CK#	535 FOREST GIEN ST,		15	
	ID#	Ames IA 50014			
"	10#	ShARON L. COLLETTI			
	CK#	5a2 Ash Ave		75	
11	ID#	Ames IA 50014 MARGARET S. Johnson		20	
		608 Hodge Ave		_	1
	CK#	Ames IA 50010		25	
·À	ID#	CARL L. PIPTON			
	CK#	415 BRIARWOOD PLACE		ا د	
		Ame: IA 50014		25	I
2 ",	ID#	MARIYS J. POTTER	·		
3-6-09	CK#	1902 NORTHCREST CR.) c—	
		Ames IA 50010		イン	······································
			SUB-TOTAL	\$385	•

TOTAL (if last page of this schedule)

Page 2 of 15

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CONTRIBUTIONS -- MONEY TAKEN IN

CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	•	(Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		. —	CK THIS BOX IF NDING FORM

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Reset Form

SCHEDULE

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
RECEIVED	(if applicable)		TO CANDIDATE*	RECEIVED	FUND-
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)	ļ	RAISER
	ID#	71			INCOME
		Thomas Weber		s	$ \downarrow \downarrow$
3-7-09	CK#	430 LYNN Ave Ames, TA 50014		75	
	ID#			1	
_		GRACIE R. LARSEN			
3-8-09	CK#	2332 HAMILTON BR.		25	
	ID#			7	
	10#	John L. CLEASby			
2-12 00	CK#	1801 20th ST., Apt. Bal		> ~	$ \mathcal{L} $
3-10-09	ID#	1801 20th ST., Apt. Bal Ames IA 50010		35	
	10#	S. PETRA			
11	CK#	2011 Duff Ave		24	$ \cup $
	15.4	Ames IA 50010		30	
u	ID#	MARY E. RICHARds			
	CK#	3217 West ST.			اس ا
	- IS.	AMES IA 50010		15	
\mathcal{H}	ID#	DIETER DELIMANN			
	CK#	1026 GASKILL DR.		フー	
		Ames, IA 50014		/5	
. 4	ID#	Genffrey Abelson			
	CK#	Geoffrey Abelson 1414 Glendale Ave		33	1
		Ames IA 50010		20	
	ID#	ERIKA K. RASEY			
2	CK#	P.O. BOX 515		, _/	12
3-14-09		Beleit WI 53511	·	15	
4	ID#				
.	CK#	C. Lynne Bishop 2609 Eisenhower			4
		Ames IA 50010		20	
11	ID#	Louise Lex			
Ì	CK#	711 Jewel DR.		·	
		Ames IA 50010	ļ	25	
			SUB-TOTAL	110	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

A (Rev. 07/03)	MONETARY RECEIPTS
 	CK THIS BOX IF NDING FORM

SCHEDULE

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE IS A CONTRIBUTION IS DECEMBED FROM A STATE DAY OF THE ACCOUNTS OF THE PROPERTY OF THE PR

STATE CANDIDATES NOTE IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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(MM/DD/YR)	AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	FUND- RAISER INCOME
	ID#	MARCIA L. Thompson			I I I I I I I I I I I I I I I I I I I
3-14-09	CK#	2728 mendow GleNRY		25	Li
	ID#	Sandy OpsivedT			
i e	CK#	1309 PARK VIEW DR.		25	
<i>(</i> ₁	ID#	Chery L LANGSTON			F
	CK#	1710 Northwestern Ave Ames, IA 50010	-	25	
4	ID#	Rebecca Hoeppier			
	CK#	3803 ONTARIO		25	
И	ID#	Cynthia J. GAUNT		,	
	CK#	3423 CLINTON CT. Ames IA 50010		30	L
<i>î</i> (ID#	VIRGINIA HUNTINGTON		- 0	
	CK#	2632 RidgeTop Rd. Ames IA 50014		50	2
ît	ID#	J ELAINE Huber			
	CK#	546 W. Riverside Rd Ames In 50010		50	
11	ID#	James A. GAUNT			
	CK#	3423 CLINTON CT. Ames IA 50010		50	4
11	ID#	NANGU C. MARKE			
	CK#	NANCY C. MARKS 1625 DYM ST.		50	
il	ID#	Ames IA. 50010 Amy O. Welch			
	CK#	1148 OAKLAHOMA DR Ames IA 50014		50	
		AMES 21 3 00/4	SUB-TOTAL	200	

TOTAL (if last page of this schedule)

Page 4 of /5

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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

Reset Form

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A (Pay 07/02)	MONETARY
(Rev. 07/03)	RECEIPTS

CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

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RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK		TO CANDIDATE*	RECEIVED	FUND-
(NUMBER		(if applicable)	i	RAISER
	ID#	CAROLE DAVIS KAZMIERSKI		<u> </u>	
2 111 00	CK#	2039 INDIAN GRASS CT.		\$	1
2-14-09		Ames, IA 50014			
4	ID#	Thomas L. Beell			
	CK#	1217 Rousevelt Ave.		50	
	ID#	Ames TSA 50010		20	
"	10#	Kenneth J. CAMERON			
1	CK#	2707 Ouff Ave		2 m	
	ID#	Ames, J.A 50010	-	00	
ti		Stephen R. Ringlee			
	CK#	2325 STORM 57.		フィー	
10	ID#	SUZAME MANN Zilber		23	
	CK#	801 CAYSTAL ST.			1
	CN#	Ames IA 50010		75	
j,	ID#	Phyllis Peters			
	CK#				
		210 S. Kellogg Ames IA 50010		15	L
k	ID#	JANL. FLORA			
	CK#	1902 George Allen Ave		/ -	
	15.4	Ames IA 50010		100	
. U	ID#	Amy ANDREOTT;			
	CK#	321 PEARSON AVE		100	
<u> </u>	ID#	Ames IA 50014		100	
71		JANE HAllibuRTON			
	CK#	1128 RoosevelT		200	
	ID#	Ames FA 50010			
k	Ok.	CASh from PASS-The-ha	7		1
	CK#			144	L
<u> </u>			SUB-TOTAL	/ / /	
				\$919	

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Page 5 of 15 (for Schedule A)

CONTRIBUTIONS -- MONEY TAKEN IN

MONETARY (Rev. 07/03) (Including candidate's personal funds) **RECEIPTS** COMMITTEE NAME (Must be same as on Statement of Organization) CHECK THIS BOX IF AMENDING FORM

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SCHEDULE

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DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT	√ IF FOR
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)	RECEIVED	FUND- RAISER INCOME
	ID#	Robert Moun MAN			INCOME
9	CK#	1223 975T.		\$,	111
3-18-09	15."	Ames TA 50010		25	ļ
24	ID#	Robert Kerksieck			<u> </u>
"	CK#	621 GARden Rd		30	1
îŧ	ID#	BARBARA PETERSON	 		
	CK#	905 ARIZONA ADE			, _
		Ames IA 50014		10	
il	ID#	JASMINE B. SEAGRAVE			
i	CK#	318 Westbrook LN.		25	1
	ID#	MIRIAM PATTERSON	<u> </u>	7.0	
3-21-09	CK#	1904 NORTHCREST CR.			1
	Oldr	Ames, IA 50010		25-	
N	ID#	Douglas B. HADILAND			
	CK#	1100 Adams ST., UNIT 105		25	
11	ID#	Ames IA 50010 LISA BARNOS			
	CK#	113 GolorAdo Ave		25	
	ID#	Ames IA 50014		73	
		CARole HOROWITZ			
4-2-09	CK#	2014 Country Club Blud Ames IA 50014		25	
	ID#	Ann H. Campbell			<u> </u>
1-7-09	CK#	428 Peakson Ave		50	L
	ID#	Ames IA 50014		00	
	CK#	MARSHA Readhead			1
1-9-09	UN#	Ames IA SOOLO		50	
	·	- FT 70010	SUB-TOTAL		
				\$ 290	

TOTAL (if last page of this schedule)

Page (for Schedule A)

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

(Rev. 07/03) RECEIPTS

COMMITTEE NAME (Must be same as on Statement of Organization)

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SCHEDULE

MONETARY

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION DISCLOSURE BOARD.

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RECEIVED (MMDDMR) (If applicable) (IMMDDMR) AND PROCHECK NUMBER Claylow Sweason 2308 Hamilton Dr. Ames It sout Low Chiegra dic Society PAC 10# 6058 Low Chiegra dic Society PAC 100 East Chiegra dic Soci	DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	I DELATIONICHID	I AMOUNT	
NUMBER N			TO WHILE YOUR PROPERTY OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT	V IF FOR
ID# CK# 10# Charles Charles Charles Charles CK# Charles CK# Court CK#	(MM/DD/YR)				REGEIVED	
4-10-09 CK# 2308 HAMILTON DR. Ames IN 50014 8-15-09 CK# 4512 DOWN Chinographic Society PAC 100 EAST GRAND AVE. 100 DE MOINES, TA 50309 11 CK# 5068 COACHINAT DR. WEST DES MOINES IA 50265 11 D# GO75 TOWN NURSES ASSOC. PAC CK# 1670 ISON VASSES ASSOC. PAC CK# 1670 ISON PARSES ASSOC. PAC CK# 301 GRAND, STE 471 CK# 301 GRAND, STE 3900 10 DA MARY MASHER CK# 40 GRAND, STE 3900 10 CK# 1500 COTTAGE GROVE AVE PES MOINES, IA 50309 10 CK# 1500 COTTAGE GROVE AVE PES MOINES, IA 50311 10 CK# 1520 MORES IA 50311 11 CK# 1520 MORES IA 50014 11 CK# 1520 MORES IA 50014 12 CAROL A, ELBERT CK# 1520 MORES IA 50014 12 CK# 1520 MORES IA 50014 13 CK# 1520 MORES IA 50014 14 CK# 1520 MORES IA 50014 15 CK# 1520 MORES IA 50014 15 CK# 1520 MORES IA 50014 16 CAROL A, ELBERT CK# 1520 MORES IA 50014 17 CK# 1520 MORES IA 50010 18 CAROL A, ELBERT CK# 1520 MORES IA 50014 19 CORES M. FOELL CK# 1006 ARISONA AVE AMES IA 50014 SUBTOTAL						INCOME
4-10-09 CK# 2308 Hamilton DR. Ames IA 50014 8-15-09 CK# 4512 Down Chineppe air Society PAC 100 EAST GRAND AVE. 100 EAST GRAND AVE. 100 Des Moines, TA 50309 11 CK# 5008 Coachight DR. 12 West Des Moines IA 50265 13 ID# 6075 Town Nurses Assec, PAC CK# 1670 1501 42 St., Ste 471 14 CK# 801 GRAND, Ste 3900 15 CK# 801 GRAND, Ste 3900 16 CK# 801 GRAND, Ste 3900 17 ID# MARY MASHER CK# 40 GRAN CT. 18 TOWN CT., IA 50246 19 CK# 3810 COTTAGE GROVE AVE PES Moines IA 50311 10 CARL L. TIPTON 11 CARL L. TIPTON 11 CARL M. ELBERT 1528 MERGED AVE 10 CARS M. FOELL 10 CK# 1528 MERGED AVE 10 CK# 1528 MERGED AVE 10 CK# 1528 MERGED AVE 10 CARS M. FOELL 10 CK# 1528 MERGED AVE 10 CK# 1528 MER		ID#	ClayTon Swenson			
10+ 6058 Lour Chiegra Sic Society PAC 8-15-09 CK# 4512 Des Moines, TA 50309 11 CK# SOUR CORPANIES TA 50309 12 CK# SOUR ROURES, TA 50309 13 ID# GO75 Lour Nurses' Assoc, PAC CK# 1670 Lour Nurses' Assoc, PAC CK# 1670 Lour Nurses' Assoc, PAC CK# 1670 LOST Des Moines TA 50306 11 ID# Robert E. Josten CK# 801 Grand, STe 3900 Des Moines, TA 50309 10 ID# MARY MASHER CK# 40 Gry N CT. TOWN CT. TA 50246 G-1-09 CK# 3810 COTTAGE GROVE AVE DES Moines, TA 50311 CARL L. TipTOD LARL L. TipTOD CARL L. TipTOD LOW CK# 1528 MERROUGH PLACE Ames TA 50014 CK# 1006 ARIZONA AVE CK# SUB-TOTAL	1.	CK#			\$	11
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	I AMOUNT	√ IF FOR
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Page 7 of 15 (for Schedule A)

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NUMBER ID# 8242 The Glaso Smith kline PAC CK# 14929 Rescarch Tring & PK, NC 2709 ID# 6067 CK# 4131 West Das Moines, IA 50266 ID# Robert I Bourne TAY Brockridge Hoe Ames IA 50010 CK# 4235 Eisen hower CT Ames IA 50010 CK# 1301 Orchard Or. Ames IA 50010 CK# 2332 Ham. Lion Dr. Ames IA 50010 ID# Marsha Readhead CK# 1200 Ridge wood Ave Ames IA 50010 ID# CK# 1200 Record Ave Ames IA 50010 CK# 1200 Robert Look CK# 1200 Robert Look CK# 1200 Robert Look CK# 1200 Robert Or. Ames IA 50010 CK# 1200 Robert Or. Ames IA 50010 CK# 1200 Ridge wood Ave Ames IA 50010 CK# 1200 Robert Ave Ames IA 50010 CK# 1000 CK# 1200 Robert Ridge Ave Ames IA 50010 CK# 1000 CK# 1200 Robert Ridge Ave Ames IA 50010 CK# 1000 CK# 1200 Robert Ridge Ave Ames IA 50010 CK# 1200 Robert Ridge Ave Ames IA 50010 CK# 1200 Robert Ridge Ave Ames IA 50010 CK# 1000 CK# 1200 CK#	RECEIVED			TO CANDIDATE*		
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Page Of Schedule A)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

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SCHEDULE

A MONETARY
(Rev. 07/03) RECEIPTS

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wenel-Kroeschell

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	I VIETOR
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(IVIIVIIDD/TR)	AND PAC CHECK NUMBER		(if applicable)		RAISER
	ID# 6484	IA Society of AnesThesiolog	ist PAC		INCOME
11-13-09	CV# ()	525 SW 5m ST., STEA	11513 PAC	Į Ψ	
11 15 01	1114	Des Moines IA 50309		250	<u> </u>
	ID#	Klaus Ruedenberg			
11 1 - 1	CK#	2834 Ross RL		 	
11-15-09		Amex IA 50014		50	
·	ID#	Jennifor GARST			
11 100 -	CK#	708 BROOKRIDGO Ave			11
11-17-09	ID#	Ames 5A 50010		100	
	ID# 	Sue R. CRull			
11-19-09	CK#	817 Ridgewood Ave		> =	
11 17-07	ID#	Ames, TA 50010			
		DR. Rick Elbert			
11-20-09	CK#	Ames IA 50010		50	
	ID#	Ames ,IA 50010 James PRITCHARD		0	
"	CK#	1206 Orchard			1
	UN#	Ames J.A 50010		74	ļ
11	ID#	MARIANG SolomON	·		
	CK#	1801 20th ST. K 25, Norther	: st		1
		Ames, T.A 50010		30	L
1 (ID#	Louise Lex			[]
	CK#	711 Jewel DR.		> .	
	ID#	Amos, IA 50010		30	
ſί		CYNTHIA J. CAUNT			
•	CK#	3423 ClinTON CT.		20	ات ا
	ID#	Ames JA 50010		~0	
u		LAURIE SUE OLK 1503 Indian Prope			1 4
	CK#	Ames IA 50014		20	
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

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(Rev. 07/03)	MONETARY RECEIPTS
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CHECK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

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DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)		RAISER
	ID#	MARGARET KNOX			
11-20-09	CK#	635 Agg Ave		20	
и	ID#	Ames IA 500/4		120	<u> </u>
	CK#	MARCIA Thompson 2728 mendow Glen Rd.		20	
,	ID#	JANES TA 50014 JANE HAlliburton		ao	
,				[
	CK#	Ames IA 50010		150	
4	ID#	JAN M BAUER			
	CK#	2800 PINEHURST CR. AMES TA 50010		10	
ic	ID#	Phyllis Peters			
	CK#	210 S. Kellogg Ames, IA 50010		75	
И	ID#	HERMAN CQUIRMBACK	·		
,	CK#	1002 JARRETT CR.		2	i/
	ID#	Ames T.A 50014 ELIZABETI Cole Beck)	
·	CK#	1119 ORCHARD DR.		25	L
24	ID#	Ames IA 50010			
- `	CK#	UREW LARSON 1312 Big BluesTem CT Ames IA 50014) ~	i
77	ID#	Ames IA 500/4		~>	
"		Geoffrey Abelson 1414 Glandale Ave		-	
	CK#	Ames IA 50010		25	
Ü	ID#				
	CK#	MARY ANN Lundy 4316 Phoenix Ames IA 50014		25	
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TOTAL (if last page of this schedule)

Page /2 of /5 (for Schedule A)

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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COMMITTEE NAME (Must	be same as on Statement of Organization)
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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
	NUMBER				INCOME
	10#	CheryL LangsTon		æ	
11-20-09	CK#	1710 Nonthwestern Ames IA 500/0		25	1
N	ID#	JOAN Dubbenke			
	CK#	1523 CARROLLAVE		50	
и	ID#	CAROL KAZMIERSKI		<u> </u>	
	CK#	2039 Indian GRASS CT			
[Oran	Ames TA 500/4		50	
4	ID#	Kenneth J. CAMERON			
	CK#	2707 Duff		50	W
	ID#	Ames TA 500/0			
\$ (014	PAT Miller		_	
	CK#	4024 ROSS Rd. Ames IA 50014		50	
_	ID#	RAlph Rosenberg			
4(CK#	811 Ridge wood Ave Ames J. A 50010		51	W
4	ID#	Ames I.A 500/0		- 0	
γ	CV#	BREAT WYNJA 1012 HUNZIKER DR. Ames EA 50010		_	
	CK#	AMER THE TOUR		50	لــــــا
U	ID#	MATTHEW D. Goodmay			
	CK#	3303 W. ST.		50	
11	ID#	Amr. IA 500/4			<u></u>
"	CK#	RANDI PETERS 3127 GREENWOOD Rd.			1/
į	OIN II	Ames IA 50014		50	
li	ID#	STEVEN B CANADA			
	CK#	STEVEN B CANNON 1253 ORCHARD DR		(5)	2
		Ames IA 50010			
			SUB-TOTAL	,47	
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Page 13 of 15 (for Schedule A)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A MONETARY
(Rev. 07/03) RECEIPTS

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COMMITTEE NAME (Must be same as on Statement of Organization)

Clizens for Will Knoeschell

STATE CANDIDAYES NOTE: A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION DISCLOSURE BOARD.

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	DELATIONS:		
RECEIVED	(if applicable)		RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)	, KEGEIVEB	RAISER
	ID#	D a lilabah			INCOME
		Thomas Weber			
11-20-09	CK#	430 LyNN Ave		50	1
1.000	ID#	430 LyNN Ave Ames IA 50014		30	
4	1 .5"	Thomas L. Deell		1	
	CK#	1217 RoosevelT		52	
	ID#	Ames IA 50010		20	
¥	15#	George E, Montgomery 917 Brooksidge			
	CK#	917 Brookeidge	,	1.0	
	ID#	Ames IA 50010		100	
U	10#	CAROLE B. BROWN			
	CK#			, ,	
	10.4	1204 BRChARD OR.		100	
U	ID#	JANE W. Lohnes			
	CK#	1102 Ridgewood Ave		1.0	
	15."	Ames IA 50010		100	
u	ID#	Andrew P. Bock			
	CK#	P.O. BOX 141		()	1
	15.4	Ames IA 50014		100	
k	ID#	ALEI Andro And Reotti			
	CK#	321 PEARSON AVE		100	
		Ames IA 50014		100	<u> </u>
17	ID# 6077	IOWA PHARMACY PAC			
	CK# 0 0 0	8515 Douglas, ST 16		2	
	CK# 2073	Ves Maines IA 5030	ے ا	250	L
11	ID# 6058	IOWA CHIROPRACTIC SOCIETY	PAC		
		IOWA Chiropractic Society 100 EAST GRANDAVE, STE	140	, _	
	CK# 455/	Des Moines IA 5030	a	100	
n	ID#	PASS The HATE	/		
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		Fundralsen -CASH	1	1721	
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TOTAL (if last page of this schedule)

Page / 4 of /5

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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COMMITTEE NAME	(Must be same a	as on Statement of (Organization)
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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
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(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NUMBER		(if applicable)		RAISER
11 05	ID#	MARQUERITE L.N. Mc NALD			INCOME
11-28-09	CK#	1232 Wisconsin Ave		\$	
		Ames IA 50014		150	<u> </u>
11	ID#	John L. Cleasby			
	CK#	1501 204 ST A + B21			'ما
		1801 204 ST., A, + B21 Ames IA 5000		35	
í,	ID#	JAN L. FLORA			
	CK#		,		
		1902 George Allen Ave Ames FA 500/0		75	
11	ID#	MACK C. Shellers IL			
	CK#	MACK C. Shelley IL 3454 Southdale DR.			
	154	Ames, IA 50010 KIRSTIN Eddings Scillivan		50	<u> </u>
11	ID#	KIRSTIN Eddings SullivAN			
İ	CK#	3329 CANTER BURY CT		25	
	ID# /	TIMES 4 1 3 0014		20	
.	ID# 6488	LOWA PROVIDERS' PAC			
11-24-09	CK# 2102	7025 HICKMAN Rd, STE 5		250	
	ID# / > / . /	URBANDALE, IA 50322			
	6046	Justice for All PAC	i		
12-30-09	CK# 4622	2186 AUE, STE. 506		100	
00 01	ID#	Des Moines, IA 50309			
	CK#				
	ID#				
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TOTAL (if last page of this schedule)

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Page 15 of 15 (for Schedule A)

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
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CHE	CK THIS BOX IF

AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization) CANDIDATE NAME AND ADDRESS TO WHOM **PURPOSE** AMOUNT DATE **ID NUMBER EXPENDITURE** (DESCRIBE TRANSACTION) **EXPENDED EXPENDED** (if applicable) (Disbursement) WAS MADE (MM/DD/YR) AND PAC CHECK NUMBER ID# TRUMAN Fund DONATION 5661 Fleur DR. CK# ///4 2-18-09 \$ 100 Des Moines IA 50321 ID# Postmaster Fundraiser Flyer Ames, IowA CK# MAlling Beth Wessel-Knoeschell 518 Ash CK# Ames. ID# =261.46 CK# House TRUMAN Fund 5661 Fleur DR. ID# CK#/116 Des Maines IA 50321 ID# Dos Rios 316 COURT AUE Des Moines, IA 50309 UBS FINANCIAL SERVIL. SO FTWARE 515 GRAND AVE 41.73 CK# /118 Ames IA 50010 INK CARTRIDGE STAPles 1333 Buckeye Rd 81.30 CK# /// 9 Ames IA 50014 SUB-TOTAL TOTAL (if last page of this schedule)

THIS BOX	APPLIES	TO CANDIDATES	COMMITTEES	ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	of _	<u> </u>
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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
B (Rev. 07/03)	MONETARY EXPENDITURES
	OV THE BOY IF

CHECK THIS BOX IF AMENDING FORM

СОММІТТЕ	E NAME (Must be s	same as on Statement of Organization)		
Citiz	en for	Wend-Kroesch	el	
DATE EXPENDED (MM/DD/YR)	CANDIÓATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#	PoslmasTer	Mailing for	
10-26-09	CK# 1/20	Ames, IA 50010	Mailing for fundraiser Office Supplies	\$12442
	ID#	STAPLES	Office Supplies	
11-29-09	CK# 4150	STAPLES 1333 Buckeye Rd. Ames, IA 50014	, , , , , , , , , , , , , , , , , , , ,	6418
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$188.60
			TOTAL (if last page of this schedule)	\$2871.09

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page	_X_	of _ X	

FUN INSTRUCTIONS. SEE HALK OF FORM	FOR INSTRUCTIONS.	SEE BACK OF FORM
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OH INSTRUCTIONS, SEE BACK OF FORM	SCHEDULE	
COMMITTEE NAME (Must be same as on Statement of Organization) Clizers for Wessel-Kroeschell		IN KIND CONTRIBUTIONS (THIS BOX IF DING FORM

DATE		RELATIONSHIP	T DESCRIPTION	T	
RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
8-17-09	House Trumon Fund 5661 Fleur Dr. Des Moines, IA 5032		Invitations + Postage for Fundraiser		<u></u>
	Jes meines, 4H Suga		TUNORALS ER		
				,	
			SUB-TOTAL	\$	
TOTAL (If last				35	
			page of this schedule)	25	
			sonedule)	L	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

of Page (for Schedule E)